Contact Information

Please complete the following form with the contact information for your company and return with the

| rest of the documentation to the Nebr | raska Public Service Commission, or to susan.horn@nebraska.gov, ote that although your company may not have experienced any |
|---|---|
| • | nformation is required to be submitted on a yearly basis. |
| Company Name | |
| DBA | |
| EIN (Employer Identification Number) | |
| NE Code | |
| Third party (if applicable) If you have a third party that files NUS the contact person in the form below. | SF documentation on your behalf, please specify the company and |
| Company Name | |
| Contact Name | |
| Phone Number | |
| E-mail | |
| Website | |
| • | n for the person that will be receiving communication from the nges. Note: It cannot be a third party contact |
| Contact Name | |
| Address | |
| City, State, Zip | |
| Phone Number | |
| Fax Number | |
| E-mail | |
| Website | |

Manager Contact (if you are an information service provider)

Please provide the contact information for the person with managerial responsibilities for Nebraska operations. **Note: It cannot be a third party contact**

| Contact Name | |
|------------------|--|
| Address | |
| City, State, Zip | |
| Phone Number | |
| Fax Number | |
| E-mail | |
| Website | |

Wireless E-911 Contact (if you are a wireless service provider)

If your company provides wireless services, please provide the contact information for the person responsible for coordination of Wireless E-911 implementation. **Note: It cannot be a third party contact**

| Contact Name | |
|------------------|--|
| Address | |
| City, State, Zip | |
| Phone Number | |
| Fax Number | |
| E-mail | |
| Website | |